

B1 (Official Form 1)(1/08)

United States Bankruptcy Court Northern District of Illinois		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Milos, Jamie L DDS		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): AKA Jamie L Lung; AKA Jamie L Milos-Lung; AKA Jamie L Milos DDS PC		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-3876		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 3402 N Trainer Rd Rockford, IL <div style="text-align: right;">ZIP Code 61114</div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right;">ZIP Code</div>
County of Residence or of the Principal Place of Business: Winnebago		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000		
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Milos, Jamie L DDS	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: - None -	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: - None -	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b). X _____ Signature of Attorney for Debtor(s) (Date)	
Exhibit C			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
Exhibit D			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <div style="margin-left: 40px;"> _____ (Name of landlord that obtained judgment) </div> <div style="margin-left: 40px;"> _____ (Address of landlord) </div>			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):
Milos, Jamie L DDS

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Jamie L Milos, DDS
Signature of Debtor **Jamie L Milos, DDS**

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

June 24, 2008

Date

Signature of Attorney*

X /s/ Bernard J. Natale
Signature of Attorney for Debtor(s)

Bernard J. Natale 2018683
Printed Name of Attorney for Debtor(s)

Bernard J. Natale, Ltd
Firm Name
6833 Stalter Dr., Suite 201
Rockford, IL 61108

Address

Email: natalelaw@bjnatalelaw.com
(815) 964-4700 Fax: (815) 227-5532

Telephone Number

June 24, 2008

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

X _____
Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

Official Form 1, Exhibit D (10/06)

United States Bankruptcy Court
Northern District of Illinois

In re Jamie L Milos, DDS

Debtor(s)

Case No.

Chapter

11

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]* _____

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

Official Form 1, Exh. D (10/06) - Cont.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Jamie L Milos, DDS
Jamie L Milos, DDS

Date: June 24, 2008

B4 (Official Form 4) (12/07)

United States Bankruptcy Court
Northern District of Illinois

In re **Jamie L Milos, DDS**

Debtor(s)

Case No.

Chapter **11**

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
AdvanceMe, Inc 600 TownPark Lane, Suite 500 Kennesaw, GA 30144	AdvanceMe, Inc 600 TownPark Lane, Suite 500 Kennesaw, GA 30144	Business purchases		21,869.00
Align Technology, Inc 881 Martin Ave Santa Clara, CA 95050	Align Technology, Inc 881 Martin Ave Santa Clara, CA 95050	Business purchases		5,766.00
American Express % Beckett and Lee, LLP PO Box 3001 Malvern, PA 19355-0701	American Express % Beckett and Lee, LLP PO Box 3001 Malvern, PA 19355-0701	Business credit card		9,995.00
Bank of Amerca, NA PO Box 15184 Wilmington, DE 19850-5184	Bank of Amerca, NA PO Box 15184 Wilmington, DE 19850-5184	Business credit card purchases		18,759.28
Bank of Amerca, NA PO Box 809136 Chicago, IL 60680-9121	Bank of Amerca, NA PO Box 809136 Chicago, IL 60680-9121	2nd Mortgage 1334 E State St, Rockford, IL & All assets of Jamie L Milos DDS PC & 3rd Mortgage 3402 NTrainer Rd, Rockford, IL		348,150.00 (450,000.00 secured) (151,284.11 senior lien)
Bank of America PO Box 15102 Wilmington, DE 19886-5102	Bank of America PO Box 15102 Wilmington, DE 19886-5102	Business credit card purchases		48,675.00
Bank of America PO Box 15102 Wilmington, DE 19886-5102	Bank of America PO Box 15102 Wilmington, DE 19886-5102	Business credit card purchases		40,956.00
Capital One PO Box 5294 Carol Stream, IL 60197-5294	Capital One PO Box 5294 Carol Stream, IL 60197-5294	Business credit card purchases Credit card purchases		2,114.00
Chase PO Box 15298 Wilmington, DE 19850-5298	Chase PO Box 15298 Wilmington, DE 19850-5298	Business credit card purchases		7,110.00

B4 (Official Form 4) (12/07) - Cont.

In re **Jamie L Milos, DDS**

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Chase PO Box 1598 Wilmington, DE 19886-5153	Chase PO Box 1598 Wilmington, DE 19886-5153	Business credit card purchases		22,788.00
FIA Card Services, NA 655 Papermill Rd Wilmington, DE 19884	FIA Card Services, NA 655 Papermill Rd Wilmington, DE 19884	Business credit card purchases		90,276.00
Hootman Dental Laboratory, Inc 321 N 4th St Rockford, IL 61107	Hootman Dental Laboratory, Inc 321 N 4th St Rockford, IL 61107	Business purchases		19,022.77
JC Penny PO Box 960090 Orlando, FL 32896-0090	JC Penny PO Box 960090 Orlando, FL 32896-0090	Credit card purchases		4,479.00
National City PO Box 856176 Louisville, KY 40285-6176	National City PO Box 856176 Louisville, KY 40285-6176	Business credit card purchases		27,208.68
Patterson Dental Supply, Inc 1226 Michael Dr, Suite G Wood Dale, IL 60191-1056	Patterson Dental Supply, Inc 1226 Michael Dr, Suite G Wood Dale, IL 60191-1056	Business purchases		12,764.00
Retail Services PO Box 17264 Baltimore, MD 21297-1264	Retail Services PO Box 17264 Baltimore, MD 21297-1264	Credit card purchases Bergners		1,682.00
Rockford Health System 2400 N Rockton Ave Rockford, IL 61103	Rockford Health System 2400 N Rockton Ave Rockford, IL 61103	Medical services		1,277.00
Sears Cardmember Services PO Box 6286 Sioux Falls, SD 57117-6286	Sears Cardmember Services PO Box 6286 Sioux Falls, SD 57117-6286	Credit card purchases		3,157.00
Staff Management, Inc 5919 Spring Creek Rd Rockford, IL 61114-6447	Staff Management, Inc 5919 Spring Creek Rd Rockford, IL 61114-6447	716-718 Highland Ave, Rockford, IL - resulting from judgment on business account		80,846.13 (130,000.00 secured) (115,281.00 senior lien)
Sullivan-Schein Dental 135 Duryea Rd Melville, NY 11747-3824	Sullivan-Schein Dental 135 Duryea Rd Melville, NY 11747-3824	Business purchases		7,262.00

B4 (Official Form 4) (12/07) - Cont.

In re **Jamie L Milos, DDS**

Debtor(s)

Case No. _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

**DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, **Jamie L Milos, DDS**, the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date **June 24, 2008**

Signature **/s/ Jamie L Milos, DDS**

Jamie L Milos, DDS

Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

AdvanceMe, Inc 600 TownPark Lane, Suite 500 Kennesaw, GA 30144	Bankers Healthcare Group, Inc 1840 Main St, Suite 102 Weston, FL 33326	Fulbright & Associates, PC PO Box 1510 Rockford, IL 61110-0010
Align Technology, Inc 881 Martin Ave Santa Clara, CA 95050	Capital One PO Box 5294 Carol Stream, IL 60197-5294	GE Healthcare Financial Services PO Box 414418 Boston, MA 02241-4418
American Express % Beckett and Lee, LLP PO Box 3001 Malvern, PA 19355-0701	Capitol One PO Box 30285 Salt Lake City, UT 84130-0285	Hootman Dental Laboratory, Inc 321 N 4th St Rockford, IL 61107
Axis Capital, Inc 1818 Market St, 9th Floor Philadelphia, PA 19103	Chase PO Box 1598 Wilmington, DE 19886-5153	Jamie L Milos as Trustee 1334 E State St Rockford, IL 61104
Axis Capital, Inc PO Box 643172 Cincinnati, OH 45264-3172	Chase PO Box 15298 Wilmington, DE 19850-5298	Jamie L Milos DDS PC 1334 E State St Rockford, IL 61104-2228
Banc of America Practice Solutiona PO Box 809121 Chicago, IL 60680-9121	Chase Home Finance LLC 1820 E Sky Harbor Cr, S. Phoenix, AZ 85034-9701	Jamie Milos as Trustee 1334 E State St Rockford, IL 61104
Bank of Amerca, NA PO Box 809136 Chicago, IL 60680-9121	Clark Hill PLC 150 N Michigan, Suite 2400 Chicago, IL 60601	JC Penny PO Box 960090 Orlando, FL 32896-0090
Bank of Amerca, NA PO Box 15184 Wilmington, DE 19850-5184	Creditors Interchange 80 Holtz Dr Buffalo, NY 14225	JC Penny PO Box 981425 El Paso, TX 79998
Bank of America PO Box 15102 Wilmington, DE 19886-5102	FIA Card Services, NA 655 Papermill Rd Wilmington, DE 19884	Kropik, Papuga & Shaw 120 S LaSalle St Chicago, IL 60603
Bank of America, NA 2740 Arport Dr, Suite 300 Columbus, OH 43219	Franks Gerkin & McKenna, PC 19333 E GRant Hwy Marengo, IL 60152	Macys Collection Department 111 Boulder Industrial Drive Bridgeton, MO 63044

National City
PO Box 856176
Louisville, KY 40285-6176

Southwest Credit
13750 San Pedro, Suite 150
San Antonio, TX 78232

WilliamsMcCarthy LLP
120 W State St, Suite 400
Rockford, IL 61105-0219

Patterson Dental Supply, Inc
1226 Michael Dr, Suite G
Wood Dale, IL 60191-1056

Staff Management, Inc
5919 Spring Creek Rd
Rockford, IL 61114-6447

Zwicker & Associates, PC
80 Minuteman Rd
Andover, MA 01810-1031

Pentech Financial Services, Inc
PO Box 712492
Cincinnati, OH 45271

Sullivan-Schein Dental
135 Duryea Rd
Melville, NY 11747-3824

Philips DAP
PO Box 847569
Dallas, TX 75284-7569

Thompson Coburn LLP
55 E Monroe St, 40th Floor
Chicago, IL 60603

Retail Services
PO Box 17264
Baltimore, MD 21297-1264

Toyota Financial Services
PO Box 5855
Carol Stream, IL 60197

Rockford Health System
2400 N Rockton Ave
Rockford, IL 61103

US Bank
PO Box
790167
Saint Louis, MO 63179-0167

Sarah E Tesconi, Esq
165 Fell St
San Francisco, CA 94102

Wells Fargo Bank, NA
PO Box 4233
Portland, OR 97208-4233

Saxon Mortgage
PO Box 161489
Fort Worth, TX 76161-1489

Wells Fargo Bank, NA
PO Box 54780
Los Angeles, CA 90054-0780

Saxon Mortgage Services, Inc
PO Box 792667
San Antonio, TX 78279

Wells Fargo Home Mortgage
PO Box 660455
Dallas, TX 75266-0455